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Recommended Citation

Becerra, Benjamin, "Supporting Our Students (SOS): A multi-component program to increase perceived safety and social support in LGBTQ+ youth in Washington County" (2017). *Social Sciences Capstone Projects*. 45.

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Supporting Our Students (SOS): A multi-component program to increase perceived safety and social support in LGBTQ+ youth in Washington County

Abstract

Queer and transgender youth experience significant disparities in mental health outcomes, particularly with symptoms of anxiety, depression, and reported rates of suicidal ideation and completion. This is a direct outcome of the unique social stressors that LGBTQ+ people face due to their minority status. Targeted for LGBTQ+ youth in Washington County high schools, Supporting Our Students (SOS) addresses each stress process of Meyer's minority stress model that contributes to poor mental health outcomes. To reduce stressful conditions, changing school environments is key. Using lessons learned from previous trainings, SOS will train teachers, primarily focusing on intervention skills. Internalizing negative values can be minimized by increasing social support and connectedness with other queer and transgender youth. Support groups for LGBTQ+ youth have been successful at increasing both of these measures. The program will provide identity-specific support groups for several subgroups of the community, attending to intersecting identities to allow students access to relevant support. Additionally, SOS will coordinate monthly socialization events, facilitating connections among LGBTQ+ students. By training teachers and providing support groups, we anticipate that 80% of queer and transgender students in Washington County high schools will feel safer in their schools and 60% of students that participate in support groups and/or socialization events will have higher perceived social support and connectedness after one year.

Document Type

Capstone Project

Department

Sociology, Anthropology, Social Work and Public Health

Subject Categories

Public Health

Supporting Our Students (SOS): A multi-component program to increase perceived safety and social support in LGBTQ+ youth in Washington County

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March 16, 2017

Queer and transgender youth experience significant disparities in mental health outcomes, particularly with symptoms of anxiety, depression, and reported rates of suicidal ideation and completion. This is a direct outcome of the unique social stressors that LGBTQ+ people face due to their minority status. Targeted for LGBTQ+ youth in Washington County high schools, Supporting Our Students (SOS) addresses each stress process of Meyer's minority stress model that contributes to poor mental health outcomes. To reduce stressful conditions, changing school environments is key. Using lessons learned from previous trainings, SOS will train teachers, primarily focusing on intervention skills. Internalizing negative values can be minimized by increasing social support and connectedness with other queer and transgender youth. Support groups for LGBTQ+ youth have been successful at increasing both of these measures. The program will provide identity-specific support groups for several subgroups of the community, attending to intersecting identities to allow students access to relevant support. Additionally, SOS will coordinate monthly socialization events, facilitating connections among LGBTQ+ students. By training teachers and providing support groups, we anticipate that 80% of queer and transgender students in Washington County high schools will feel safer in their schools and 60% of students that participate in support groups and/or socialization events will have higher perceived social support and connectedness after one year.

The aim of Supporting Our Students (SOS) is to decrease psychological distress in LGBTQ+ youth in the Washington County area through a multi-component school- and community-based intervention focusing on increasing school safety and social connectedness. The program will create safer schools by training teachers and administration in every high school to increase awareness of queer and transgender issues and develop skills to intervene when they witness anti-LGBTQ+ behaviors. It will also increase social support and connectedness among participating queer youth by providing monthly identity-specific support groups and semi-structured socialization events in the community.

Population description

This intervention aims to focus on lesbian, gay, bisexual, transgender, and queer (hereby shortened to LGBTQ+ or “queer and transgender”) youth that attend high school in the Washington County area. Washington County had a population of 574,326 in 2015, making it the second most-populated county in the state of Oregon. The county consists of several suburban cities, and is adjacent to Oregon’s most populated city, Portland. The county has a racial make-up of 81.8% white (67.3% white, not Hispanic or Latino), 2.2% black, 1.2% American Indian and Alaska Native, 10.1% Asian, 0.5% Native Hawaiian and Other Pacific Islander, and 4.2% two or more races. Sixteen percent of the population is Hispanic or Latino (U.S. Census Bureau, 2015). Compared to the national demographics, the county has a different proportion of black, Asian, and multiracial populations. The proportion of black people (13.3% nationally, 2.2% in the county) is six times higher in the nation than the county, and the proportion of Asian (5.6% nationally, 10.1% in county) and multiracial people (2.6% nationally, 4.2% in county) in the county is close to double of the nation. The racial make-up of the county is important to note, as the LGBTQ+ population is fairly representative of community racial demographics and other characteristics, with the exception of age.

Data collection on queer and transgender people is fairly recent, and data collectors may be reluctant to ask about sexual orientation and gender identity, so it is difficult to establish reliable estimates for the numbers of queer people, and especially queer youth. However, the 2016 Oregon Student Wellness Survey, administered by the Oregon Health Authority through public schools, reports that 12.8% of students in the 11th grade in Washington County identified as something other than heterosexual. 1.8% identified as gay or lesbian, 5% identified as bisexual, 1.2% identified as queer, 2.2% identified as other, and 2.7% said they weren’t sure (Oregon Health Authority, 2016). This is a significant size of the population, and yet one that is often not discussed or focused on, especially when it comes to youth. There are very few local organizations and resources designated for LGBTQ+ people near Washington County, and almost all of them are located in Portland, which can be difficult for youth to reach if they don’t have access to transportation or are in a situation in which it is unsafe for them to come out as queer or transgender.

The recent inclusion of questions regarding sexual orientation and sexual partners in the National Youth Risk Behavior Survey has allowed for the first nationally representative study of U.S. lesbian, gay, and bisexual students, conducted in 2015. It found that LGB students were significantly more likely than their heterosexual peers to report: being physically forced to have sex (18% LGB vs 5% heterosexual), experiencing sexual dating violence (23% LGB vs 9% heterosexual),

and being bullied (at school: 34% LGB vs 19% heterosexual, online: 28% LGB vs 14% heterosexual) (Kann et al., 2016).

Though the American public is becoming more accepting and same-sex marriage was legalized in 2015 by the Supreme Court of the United States, queer and transgender people are far from having an equal lived experience to their heterosexual and cisgender peers. It is legal to be fired at any time because of sexual orientation or gender identity in 29 and 32 states, respectively (Movement Advancement Project, 2016). Though there may be some shared experience among LGBTQ+ individuals, the intersection of other identities such as race, ethnicity, class, and age mean the differences between individuals can be larger than their similarities, making it difficult to create blanket programs to address the needs of the whole population. Even splitting up the LGBTQ+ acronym and looking at each of those identity groups separately shows different needs for each subgroup of the population.

Statement of need

There are significant and high levels of disparity with regards to mental health outcomes in queer and transgender youth, specifically higher rates of symptoms of anxiety, depression, suicidal ideation, self-harm, and attempted and completed suicide than their heterosexual peers. It is important to recognize that there are several limitations to the data collected on the issues of mental health in queer and transgender youth. One of the most relevant is that many surveys don't include a question on sexual orientation or gender identity, especially for youth. In addition, because death records do not include the sexual orientation of the deceased person, there is not a generally reliable way to determine rates of completed suicide of LGBT people, and most estimates come from posthumous interviews, in which there can be a lot of underreporting – whether out of shame, or particularly in the case of youth, the families not knowing about the deceased's queer identity.

Since the early 1990s, population-based surveys that included questions about sexual orientation have consistently found reported rates of suicide attempts to be two to seven times higher in LGB identifying high school students compared to heterosexual students (Haas et al., 2011). According to the 2015 National Youth Risk Behavior Survey (YRBS), more than 40% of LGB students have seriously considered suicide, and 29% reported having attempted suicide in the last 12 months, compared to 4% of heterosexual students (Kann et al., 2016). Estimates for suicide attempt rates range from 41 to 51% in the transgender youth population (Haas, et al., 2011). A study using the 2006 and 2008 Oregon Health Teens survey data including nearly 32,000 11th graders found that LGB students were more than five times as likely to have attempted suicide in the previous 12 months as their heterosexual peers (21.5% and 4.2%, respectively) (Hatzenbuehler, 2011).

Queer youth also exhibit significantly higher rates of other mental health problems, including anxiety, depression, and self-harm than heterosexual youth. The National Comorbidity Survey Replication Adolescent Supplement found that almost 18% of lesbian and gay youth participants met the criteria for major depression and 11.3% for PTSD in the previous 12 months, and 31% of the LGBT sample reported suicidal behavior at some point in their life. National rates for these diagnoses and behaviors among youth are 8.2%, 3.9%, and 4.1%, respectively (Kessler et al., 2012).

It is important to acknowledge the disparities in mental health conditions for queer and transgender people, but it is equally important to recognize why this is happening. Almost all of the most recent data and analysis surrounding adverse health outcomes, particularly mental health, in queer populations refers to Meyer's minority stress model that distinguishes the elevated levels of stress that individuals from stigmatized social categories are exposed to as a result of their minority social position. Meyer stipulates that there are three stress processes relevant to queer individuals, from the distal to the proximal they are: a) external, objective stressful events and conditions, both chronic and acute, b) expectations of such events, and c) the internalization of negative societal attitudes (Meyer, 2003). It is well known that queer and transgender people experience prejudice, harassment, and rejection at higher levels than cisgender and heterosexual people, but Meyer's model acknowledges that even people who do not experience these negative attitudes regularly develop expectations of rejection, and as a reaction, are constantly vigilant and prepared for the possibility of defending themselves.

Meyer's model of minority stress shows not only the different levels of the socioecological model, but also the ways in which they directly interact with one another. On a societal level, norms, stigma, and negative narratives surrounding the lives of LGBTQ+ people are directly linked to personal, interpersonal, and community outcomes. As Meyer's model addresses, many societal perceptions of queer and transgender people have large effects on the personal level, with many people of the LGBTQ+ community internalizing homophobia and transphobia, and constantly expecting rejection. The stigma and norms also have a large part in family and peer acceptance, which has clear and studied effect on mental health outcomes in queer youth. An important addition that should be considered is that being a sexual or gender minority is different from other types of minority status, in that it is rarely a trait that parents share with their children, like racial or ethnic minorities. Many parents cite this as one of the largest difficulties in supporting their children (P. Bekken, personal communication, October 13, 2016). Multiple minority identities may have a compounding effect on social stressors, but it is difficult to make conjectures based on the data available, considering most studies don't have large enough sample sizes to make comparisons between subgroups.

The study of mental health of LGBTQ+ people has been heavily complicated by the debate on the classification of homosexuality and transgenderism as mental disorders, with homosexuality being removed from the Diagnostic and Statistical Manual of Mental Disorders in the second edition in 1973, and "gender identity disorder" being removed only as recently as 2013, and replaced with "gender dysphoria", while "transvestic disorder" still exists in the DSM-5 (Whalen, 2012). The history and present of "variant" sexual orientations and gender identities being characterized as mental illnesses themselves has enforced and supported stigma surrounding LGBTQ+ people. Multiple studies have shown that the mental health disparities discussed are linked to queer identities only, not behaviors (Bostwick, Boyd, Hughes, & McCabe, 2010). People that identified as heterosexual but had history of same-gender sexual interactions had similar levels of anxiety, depression, and suicide attempts as their heterosexual peers without history of same-gender sex. These studies are evidence that higher rates of poor mental health outcomes in queer and transgender youth should not be attributed to these identities being diseases or illnesses, but rather as a direct outcome of the unique social stressors that LGBTQ+ people face due to their perception of themselves as a stigmatized and devalued minority.

Review of Interventions

Teacher Trainings to Increase Perceived School Safety in LGBTQ+ Youth

Feelings of safety in school are consistently shown to be related to psychological distress (Goodenow, Szalacha, & Westheimer, 2006; Bacon, 2011). Because youth spend a majority of their time and have most of their social interactions at school, changing feelings of safety and acceptance at school has large effects on their health. Several school factors have a direct positive effect on perceived safety in LGBTQ+ youth, including: peer support groups and/or gay-straight alliances (GSAs), LGBTQ-inclusive school anti-bullying policies and curriculum, and teacher training on awareness of LGBTQ+ issues and intervention skills (Greytak & Kosciw, 2010; Goodenow, Szalacha, & Westheimer, 2006; Bacon, 2011). School-based interventions can affect health outcomes at a larger population level. However, because of the insular nature of the school districts in the Washington County area, many of these interventions cannot feasibly be directly accomplished by an outside party. Of these interventions, training teachers is the most realistic and effective, as it can create many changes indirectly and would not require an ongoing outside presence. Trainings for teachers have been shown to increase intervention when anti-LGBTQ+ behaviors occur and increase engagement in activities that create safer schools for LGBTQ+ students, such as supporting GSAs and including LGBTQ+ content in their curriculum (Greytak & Kosciw, 2010). The changes shown by teachers after training reduce the number of stressful events that LGBTQ+ students are exposed to and increase feelings of safety, therefore reducing psychological distress via Meyer's model.

The best practices surrounding changing school context via teacher trainings are centered around ideas of skill- and practice-based training. A review of a training program (Greytak & Kosciw, 2010) found that it was successful in increasing the likelihood that teachers would intervene if they witnessed anti-LGBTQ+ behaviors and building capacity to serve as a resource and support for LGBTQ+ students. The teachers cited the skill-based aspect as the most difficult and important part, warranting the most focus on that aspect during the training. One of the themes stressed during interviews with seven GSAs in Washington County schools was the incredible effect that teachers intervening had on students' feelings of safety in their school (personal communication, November 2016). Because of the literature and experiences of youth currently in Washington County, the program will focus on building skills of teachers to intervene as well as increasing capacity to make an inclusive environment in their classroom and wider school. To make the training most specific to the county's needs, students from the area will be involved in the process of developing the training curriculum.

Increasing social support through socialization opportunities and support groups

Multiple studies have shown that an increased number of relationships with and closeness of relationships with other queer youth reduces internalization of negative values about their queer or transgender identity. (Wong, Schrager, Holloway, Meyer, & Kipke, 2014; Detrie & Lease, 2007; Barr, Budge, and & Adelson, 2016). Internalization of negative values is a strong predictor of psychological distress in queer youth in Meyer's model and other studies, therefore, intervening at this stress process can reduce psychological distress overall. Attending support groups has been associated with increasing social support in queer youth, as has being a member of or semi-involved in community organizations specifically for the LGBTQ+ population (Wong et al, 2014;

Deml, 2013). For many members of minority and marginalized groups, a sense of belonging may only be accessible within identity-specific communities.

The best practices with regards to support groups and other interventions to increase social support mainly concern themselves with accessibility, content, and the level of specificity of the group. Support groups are successful because they allow participants to get support and advice surrounding issues that are specific to their identities, and studies have reiterated the importance and success of attending to intersecting identities (Wong et al, 2014; Deml, 2013; Craig, 2013). The experiences of transgender students vary widely from cisgender students, and queer students of color have very different experiences from white students, even if these subgroups all fall within the large LGBTQ+ umbrella. Considering this, the program will have several support groups for different subgroups of the LGBTQ+ population. Other best practices from studies on support groups include being led by a skilled moderator that is part of the identity group, focusing on developing a positive self and group image, and reaffirming the message that the youth are valued (Deml, 2013; Craig, 2013). These practices would be adopted for both the support groups and the social events. There are several organizations located in Portland dedicated to queer people and youth specifically, yet many students in Washington County cannot access them, citing transportation and discretion as issues (personal communication, November 2016). As such, it is important to provide these opportunities locally in the county.

Multi-component approach

While almost all interventions focusing on reducing psychological distress work on addressing minority stress in some way, very few intervene at more than one of the stress processes that create mental health problems in LGBTQ+ youth. SOS is a novel program in that it will use the best practices of interventions that are already tailored for LGBTQ+ youth in order to address all three of Meyer's stress processes and work on different population levels. These interventions will be combined and further changed to address the most important issues in Washington County.

See figure on next page for visual representation of intervention design based on evidence.

Intervention design

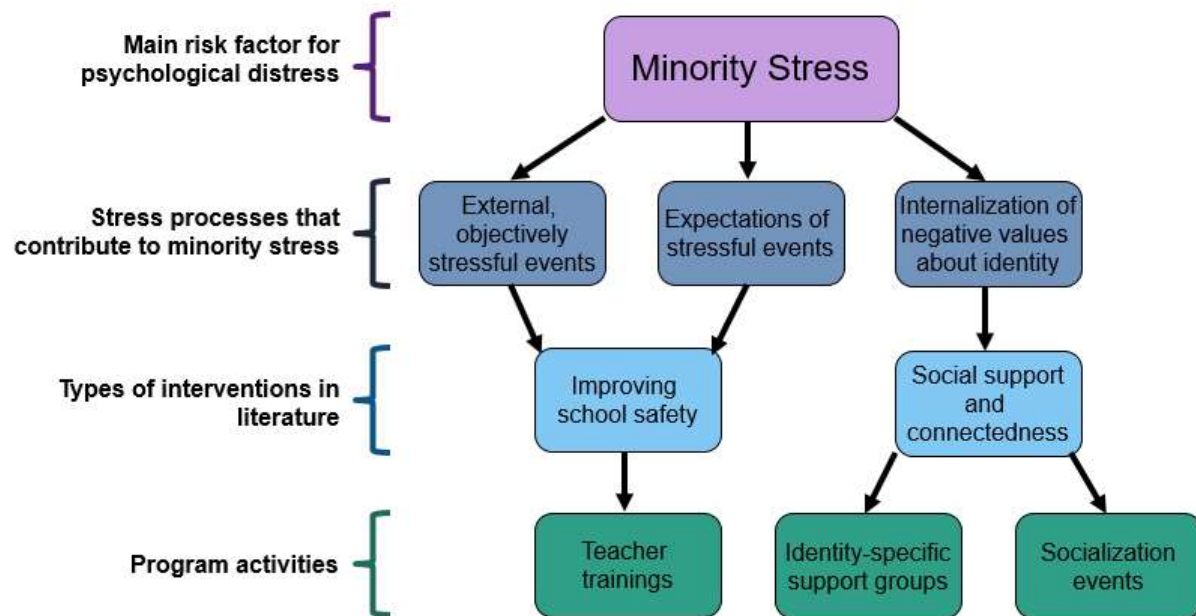


Figure 1. Visual representation of evidence-based intervention design.

Program activities

SOS will require volunteers, as there are several components to accomplish and not enough resources to create paid positions. The program will be coordinated by a small board of volunteers, composed of LGBTQ+ adult community members as well as students attending Washington County high schools, to ensure that the activities are developed and conducted by and for the queer and transgender community, and that the specific goals of the county are accomplished. Outside experts will be secured for all three components – the teacher trainings, support groups, and social events.

The trainings implemented in every school will be taught by an experienced trainer, in conjunction with queer youth from each school, to make sure that the most important issues at each school are addressed. The trainers will use a practice-based curriculum focusing on intervention skills. Trainings with this focus have shown to increase the skills of teachers to intervene, and over time increase the number of times teachers intervene, reducing the level of peer victimization in schools (Bacon, 2011; Greytak & Kosciw, 2010). By lessening these external stressful factors queer youth face in school, it will also reduce their expectation of said events happening, and decrease the prevalence and severity of psychological distress in queer youth in the Washington County.

The social events and support groups will both require physical spaces, as well as experienced moderators familiar with the issues that queer youth face. The social events will have structure to enable meeting new people and making friends, with activities developed to encourage discussion amongst participants. There will be several monthly support groups offered, in order for students to get the most specific peer support possible. As such, there will be a group for all

LGBTQ+ youth, one for transgender youth, and one for LGBTQ+ youth of color. These support groups will provide the opportunity for youth to get support on identity-specific issues and potentially meet other youth. These support groups can increase social support as well as resiliency skills taught by the moderator. Both of these activities aim to increase the number and closeness of relationships with other queer youth to increase self-esteem and perceived social support, as identified by the literature (Detrie & Lease, 2007; Wong et al., 2014; Barr et al., 2016). By increasing social support, the social events and support groups each work to reduce internalized negative values about their identities, something strongly correlated to psychological distress in queer youth (Detrie & Lease, 2007; Wong et al., 2014; Barr et al., 2016).

Together and individually, these school and social support interventions will reduce levels of psychological distress in queer youth by accomplishing the following objectives:

- Collaborate with queer youth at each school to train at least 50% of teachers and administrators in every high school in the Washington County area on awareness of LGBTQ+ issues and developing skills to intervene when witnessing anti-LGBTQ+ behaviors.
- Increase the rate of self-reported intervention by teachers and administrators in 70% of participants of training, measured 3 months after training.
- Increase the reported number of and closeness of relationships with other queer youth in 60% of those that participate in socialization events after one year.
- Decrease the level of internalization of negative values (measured by Meyer's Internalized Homophobia Scale and adapted for transphobia as well) in 70% of youth that attend at least two support group meetings after one year.

	Inputs / Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes	Impact
TEACHER TRAINING	<ul style="list-style-type: none"> -Trainers -Evidence-based curriculum focusing on skill-building -LGBTQ youth at each school 	<ul style="list-style-type: none"> -Collaborate with queer youth to develop curriculum based on best practices and specific needs of county -Training for teachers and admin about awareness of LGBT issues and skills to intervene 	<ul style="list-style-type: none"> -Training held at 100% of high schools in Washington County -Training >50% of teachers and admin at each school -Resources for teachers 	<ul style="list-style-type: none"> -Increased motivation and skills to intervene in teachers and admin -Increased awareness of LGBTQ issues in T&A -Increased dedication by admin to focus on queer youth 	<ul style="list-style-type: none"> -Increased intervention by teachers -Decreased peer victimization and external stressful factors -Policy change and programs implemented by administration 	<ul style="list-style-type: none"> -Increased feelings of safety in queer youth -Decreased expectation of negative events in queer youth -Increased positive mental health outcomes
SOCIAL EVENTS	<ul style="list-style-type: none"> -Physical space -Activity leader/host -Coordinator 	<ul style="list-style-type: none"> -Semi-structured socialization events for queer and transgender youth 	<ul style="list-style-type: none"> -One event bimonthly -60% of attendees make at least 1 new friend -At least 40 attendees at each event 	<ul style="list-style-type: none"> -Increased number of queer friends reported by attendees 	<ul style="list-style-type: none"> -Closer relationships with more queer friends -Increased self-esteem -Increased perceived social support in participants 	<ul style="list-style-type: none"> -Decreased internalization of negative values -Decreased psychological distress -Increased positive health outcomes
SUPPORT GROUPS	<ul style="list-style-type: none"> -Moderator -Physical space 	<ul style="list-style-type: none"> -Three monthly groups: LGBTQ+ youth, transgender youth, LGBTQ+ youth of color 	<ul style="list-style-type: none"> -Three monthly groups -30+ attendees at all queer youth meeting -15+ attendees at trans youth meeting -15+ attendees at queer and trans youth of color meeting 	<ul style="list-style-type: none"> -Increased opportunity to talk about identity-specific issues and get support and advice -Increased potential to meet other queer youth 	<ul style="list-style-type: none"> -Increased social support -Increased resiliency 	
OUTREACH	<ul style="list-style-type: none"> -Social media manager -Website -Fliers and advertisements 	<ul style="list-style-type: none"> -Outreach to queer youth in schools and local organizations 	<ul style="list-style-type: none"> -Number of participants at each event and support group 	<ul style="list-style-type: none"> -Increased number of participants 	<ul style="list-style-type: none"> -Increased social support and potential to make queer friends 	<ul style="list-style-type: none"> -More effective programs through greater reach of participants

The logic model for SOS demonstrates the relationships among program components.

References

- Bacon, L. A. (2011). *A Study of Effective Strategies , Programs , and Policies for School Leaders in Protecting Lesbian , Gay , Bisexual , and Transgender Youth from Peer Victimization*. Georgia Southern University.
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63(1), 87–97. <https://doi.org/10.1037/cou0000127>
- Bostwick, W. B., Boyd, C. J., Hughes, T. L. and McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*, 100(3): 468–475.
- Craig, S. L. (2013). Affirmative Supportive Safe and Empowering Talk (ASSET): Leveraging the strengths and resiliencies of sexual minority youth in school-based groups. *Journal of LGBT Issues in Counseling*, 7(4), 372–386. <https://doi.org/10.1080/15538605.2013.839342>
- Deml, M. (2013). An LGBT Youth Group's Role in Building Social Support and Implications for Risk Behavior. *Journal of Undergraduate Research*, 1–20.
- Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, 53(4), 173–199. <https://doi.org/10.1080/00918360802103449>
- Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, 43(5), 573–589. <https://doi.org/10.1002/pits.20173>

- Greytak, E. A., & Kosciw, J. G. (2010). *Year One Evaluation of the New York City Department of Education Respect for All Training Program*. Gay, Lesbian and Straight Education Network: New York.
- Haas, A.P., Eliason, M., Mays, V.M., Mathy, R.M., Cochran, S.D., D'Augelli, A.R., ... Clayton, P.J. (2011). Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: review and recommendations. *Journal of Homosexuality*, 58(1).
- Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, 127(5), 896–903. <http://doi.org/10.1542/peds.2010-3020>
- Kann L, Olsen EO, McManus T, Harris, W., Shanklin, S., Flint, K.,... Zaza, S. Center for Disease Control. (2016). *Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12 — United States and selected sites, 2015*. Washington D.C: U.S. Government Printing Office.
- Kessler RC, Avenevoli S, Costello J, Georgiades K, Green JG, Gruber MJ Merikangas KR. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication adolescent supplement. *Arch. Gen. Psychiatry*, 69.
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5): 674-97.

Movement Advancement Project. (2016). *Non-Discrimination Laws*. Retrieved from

http://www.lgbtmap.org/equality-maps/non_discrimination_laws

Oregon Health Authority. (2016). *Oregon Student Wellness Survey: Washington County* [Data file].

Retrieved from

https://oregon.pridesurveys.com/dl.php?pdf=Washington_Co_2016.pdf&type=county

U.S. Census Bureau. (2015). *Washington County Quick Facts*. Retrieved from

<http://www.census.gov/quickfacts/table/RHI125215/41067>

Whalen, K. (2012). (In)validating transgender identities: progress and trouble in the DSM-5.

National LGBTQ Task Force. Retrieved from <http://www.thetaskforce.org/invalidating-transgender-identities-progress-and-trouble-in-the-dsm-5/>

Wong, C. F., Schragar, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2014). Minority stress experiences and psychological well-being: The impact of support from and connection to social networks within the Los Angeles House and Ball communities. *Prevention Science*, 15(1), 44–55. <https://doi.org/10.1016/j.pestbp.2011.02.012>. Investigations

Youth Suicide Prevention Project. (n.d.) *Statistics about Youth Suicide*. Retrieved from

http://www.yspp.org/about_suicide/statistics.htm